

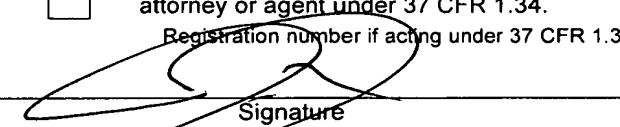


PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) N9810.0030/P030
Application Number	10/671,710-Conf. #2023	Filed September 29, 2003
For BUCCAL, POLAR AND NON-POLAR SPRAY CONTAINING SUMATRIPTAN		
Art Unit 1616	Examiner	M. Haghigian
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	<u>Small Entity Fee</u> \$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1073</u> .		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,115</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u> </u>  <u>Signature</u> <u>James W. Brady, Jr.</u> <u>Typed or printed name</u>		
<u>November 17, 2006</u> <u>Date</u> <u>(202) 420-4786</u> <u>Telephone Number</u>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

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AMENDMENT TRANSMITTAL LETTERDocket No.
N9810.0030/P030Application No.
10/671,710-Conf. #2023Filing Date
September 29, 2003Examiner
M. HaghightianArt Unit
1616

Applicant(s): Harry A. Dugger, III et al.

Invention: BUCCAL, POLAR AND NON-POLAR SPRAY CONTAINING SUMATRIPTAN

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	29	- 68 =	0	x 50	
Independent Claims	1	- 8 =	0	x 200	
Multiple Dependent Claims (check if applicable)					<input type="checkbox"/>
Other fee (please specify): Extension for response within third month					510.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					510.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. 04-1073 in the amount of \$.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-1073 as described below. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
James W. Brady, Jr.

Attorney/Agent Reg. No.: 32,115

Dated: November 17, 2006

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